01-10-01

UTILITY PATENT APPLICATION **TRANSMITTAL**

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11000 U.S. PTO

PTO/SB/05 (03-01)			
Attorney Docket No.:	LX00071	Total Pages:	2
First-Named Inventor	Giovanni Seni		
or Application Identifier			
Title:		ER INTERFACE FOR L ASSISTANTS AND TI	HE
Express Mail Label No.:	EL759668774US		
(Only for new	nonprovisional applications und	ler 37 CFR 1.53(b))	

LIKE						
Express Mail Label No.: EL759668774US (Only for new nonprovisional applications under 37 CFR 1.53(b))						
APPLICATION ELEMENTS ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231						
1. X Fee Transmittal Form in duplicate						
2. X Specification Total Pages 31						
3. X Drawings Total Sheets: 2						
4. X Oath or Declaration with Power of Attorney Total Pages 3						
a. X Newly Executed (original or copy)						
b. Copy from prior application (37 CFR §1.63(d)) (for continuation/divisional with Box 17 completed)						
i. Deletion of Inventor(s): Signed statement attached deleting inventor(s) named in the prior application (see 37 CFR §1.63(d)(2) and 1.33(b)						
5. Incorporation by Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.						
6. Application Data sheet. See 37 CFR 1.76						
7. Nucleotide and/or Amino Acid Sequence Submission						
ACCOMPANYING APPLICATION PARTS						
8. Assignment Papers (cover sheet and document(s))						
9. 37 CFR §3.73(b) Statement (when there is an assignee) Power of Attorney						
10. English Translation Document (if applicable)						
11. Information Disclosure Statement Copies of IDS Citations (IDS)Form PTO/SB/08						
12. Preliminary Amendment						
13. X Return Receipt Postcard (MPEP 503) (should be specially itemized)						
14. Certified Copy of Priority Document(s)						

15. Nonpublication Request Under 35USC 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent							
16 Oth	er:						
17. IF A CONTINUING APPLICATION check appropriate box and supply the requisite information below and in a preliminary amendment:							
	inuation Divisi	L	Part (C	iation-in- P)		or Appl. No.	
Prior Appl. informat	ion: Examiner:				Grou	p/Art Unit:	
		ORRESPO	NDENCI	EADDRE	SS		
Customer Num Label	ber or Bar Code	2028		or		Correspo	ndence address below
NAME	Hisashi D. Wat	anabe					
	Attorney for Applicant(s)						
Reg. No.	37,465						
ADDRESS	Motorola, Inc. Law Departmer	nt					
CITY	Libertyville	ST	ATE	IL		ZIP CODE	60048
COUNTRY	U.S.A. TELEP	PHONE	847-5	23-2322	2	FAX (
SUBMITTED BY							
NAME	Hisashi D. Watana			Re	eg. No	. 37,	465
SIGNATURE	Hoashi V	. Wal	and				
DATE	Hisrahi D	2001		Deposit Acc User ID	count	13-4	4768

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PTO/SB/17 (11-00)		Complete if Known			
FEE		Application Number			
TRANSMITTAL		Filing Date	7/09/01		
Patent fees are subject to annual revision		First Named Inventor	Giovanni Seni		
		Examiner Name			
		Group Art Unit			
TOTAL AMOUNT OF PAYMENT	(\$) 1,584.00	Attorney Docket No.	LX00071		

METHOD OF PAYMENT	METHOD OF PAYMENT FEE CALCULATION (continued)			JLATION (continued)		
	3, ADD	3. ADDITIONAL FEES				
The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to. Deposit Account Number 13-4768		arge		mall		
		<u>ntity</u>		ntity		
Deposit Account Name Motorola, Inc.	Fee	Fee	Fee	Fee		
	Code	(\$)	Code	(\$)	Fee Description	
X Charge Any Additional Fee Required	105	130	205	65	Surcharge - late filing fee or oath	
Under 37 CFR 1.16 and 1.17	127	50	227	25	Surcharge – late Provisional filing	
Applicant claims small entity status.	139	130	139	130	Non-English specification	
See 37 CFR 1.27	147	2520	147	2520	For filing a request for ex parte Reexamination	
2. Payment Enclosed:	112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
Check Credit Money Other Card Order	113	1840*	113	1840*	Requesting publication of SIR after Examiner action	
Card Groei	115	110	215	55	Extension for reply within first month	
FEE CALCULATION	116	390	216	195	Extension for reply within second month	
	117	890	217	445	Extension for reply within third month	
1. BASIC FILING FEE	118	1390	218	695	Extension for reply within fourth month	
	128	1890	228	945	Extension for reply within fifth month	
Large Entity Small Entity	119	310	219	155 155	Notice of Appeal Filing a brief in support of an appeal	
Fee Fee Fee Code (\$) Fee Paid	120 121	310 270	220 221	135	Request for oral hearing	
(,,	138	1510	138	1510	Petition to institute a public use proceeding	
101 710 201 365 Utility filing fee 710.00	140	110	240	55	Petition to revive - unavoidable	
106 320 206 160 Design filing fee	141	1240	241	620	Petition to revive - unintentional	
107 490 207 245 Plant filing fee	142	1240	242	620	Utility issue fee (or reissue)	
108 710 208 355 Reissue filing fee	143 144	440 600	243 244	220 300	Design issue fee Plant issue fee	
114 150 214 75 Provisional filing fee	122	130	122	130	Petitions to the Commissioner	
SUBTOTAL (1) (\$)710.00	123	50	123	50	Processing fee under 37 CFR 1.17(q)	
2. EXTRA CLAIM FEES	126	180	126	180	Submission of IDS	
Extra Fee from	581	40	581	40	* ' -	0.00
Claims below Fee Paid Total Claims 53 -20**= 33 X 18 = 594	146	710	246	355	per property (times number of properties) Filing a submission after final	
Total Claims 53 -20** = 33 X 18 = 594 Independent 6 -3** = 3 X 80 = 240	140	,,,,	240	550	rejection (37 CFR § 1.129(a)	_
Claims	149	710	249	355	For each additional invention to be	
Multiple Dependent 270 =					examined (37 CFR § 1.129(b0	
Large Entity Small Entity	179	710	279	355	Request for Continued Examination (RCE)	_
Fee Fee Fee Fee Code (\$) Code (\$) Fee Description	169	900	169	900	Request for expedited examination of a design application	
103 18 203 9 Claims in excess of 20 102 80 202 40 Independent claims in excess of 3	Other fe	e (specify)			or a design application	
104 270 204 135 Multiple dependent claim, if not paid	<u> </u>					
109 80 209 40 ** Reissue independent claims Over original patent						
110 18 210 9 **Reissue claims in excess of 20						
and over original patent	ļ					
SUBTOTAL (2) (5) 834.00 **OR NUMBER PREVIOUSLY PAID, IF GREATER. For Reissues, see above	* Reduced by Basic Filing Fee paid SUBTOTAL (3) (\$) 40.00					
SUBMITTED BY					Complete (if applicable)	
Name (Print/Type) Hisashi D. Watanabe	Regist	ration No.	37,46	35	Telephone 847-523-2322	
					1093	mi
Signature Hesahi D. Wataral	<u></u>			IV.	Mail Date July 1, 2	001